

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT
APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **2 1 8 3 9**

03945 U.S. PTO
10/693905
102803

Sir:



Enclosed for filing is the utility patent application entitled:

MEDICAL DEVICE

by the following named inventor(s):

Mika Lahtinen, Mikko Lautanen, Seppo Yla-Herttuala, and Olli-Pekka Leppanen

- ☐ Applicant(s) hereby requests that the above-captioned application **NOT BE PUBLISHED** under 35 U.S.C. § 122(b) and 37 C.F.R. § 1.211. The undersigned hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
- ☒ Applicant(s) suggests Figure 1 for inclusion on the front page of the patent application publication and patent.
- ☒ Applicant(s) requests that the published application include the following assignment information:
FIT Biotech Oy Plc
- ☐ Small entity status is claimed.

Also enclosed are:

DRAWINGS: 2 sheets of formal drawings sheets of informal drawings

DECLARATION: ☐ will follow ☐ executed, is enclosed ☒ unexecuted, is enclosed

ASSIGNMENT: ☐ is enclosed ☐ will follow

**CLAIM FOR
PRIORITY
UNDER 35 U.S.
C. § 119 and/or
365:**☒ is made in the declaration☐ is hereby made as follows

Country: PCT

Appl. No.: SE/02/00848

Filing Date: 30/04/2002^{dd-mm-yy}

Country:

Appl. No.:

Filing Date:

Country:

Appl. No.:

Filing Date:

Country:

Appl. No.:

Filing Date:

☐ certified copy(ies) enclosed☐ certified copy(ies) will follow

OTHER PAPERS: ☐ a General Authorization for Petitions for Extensions of Time and Payment of Fees
☐ an Information Disclosure Statement
☐ an Application Data Sheet (ADS)
☐

☒ The filing fee has been calculated as follows ☒ and in accordance with the enclosed preliminary amendment:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fee
Basic Application Fee (1001)					\$ 770.00
Total Claims	80	MINUS 20 =	60	x \$18.00 (1202) =	\$ 1080.00
Independent Claims	10	MINUS 3 =	7	x \$86.00 (1201) =	\$ 588.00
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Application Fee					\$ 2,438.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 0.00
Add Assignment Recording Fee of \$40.00 (8021) if Assignment document is enclosed.					
TOTAL APPLICATION FEE DUE					\$ 2,438.00

- ☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☒ A check in the amount of \$ 2,438.00 is enclosed for the fee due.

- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning this application to:

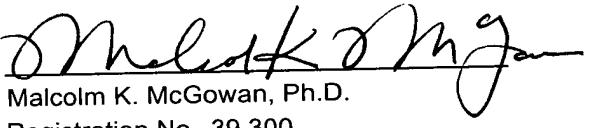
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Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Filed: *Oct 28, 2003*

By 
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